

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

52  
Do not use this space.

1. PLACE OF DEATH  
(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003** Registered No. **52**  
(c) City **St Louis** (d) Street No. **Mo Pac Hospital** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred **65** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **James MERRICK HARDY**  
(a) Residence, No. **4461 McPHERSON** St. **19** **St Louis**  
(Usual place of abode; if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **- ALICE HARDY**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **6-16-1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**65 6 15**

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Quitburg (Retired)**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Railroad**  
10. Date deceased last worked at this occupation (month and year) **March 16 '38** 11. Total time (years) spent in this occupation **18 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis, Mo**

FATHER  
13. NAME **JAMES HARDY**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

MOTHER  
15. MAIDEN NAME **DONT KNOW**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

17. INFORMANT (ADDRESS) **ROY HARDY 4161 McPHERSON AVE.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEMT.** DATE **JAN. 4, 1939**

19. FUNERAL DIRECTOR (ADDRESS) **ARTHUR J. DONNELLY 3840 LINDELL BLVD.**

20. FILED **JAN 3 1939** **J. B. Beckwith** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-1-1939**

22. I HEREBY CERTIFY, That I attended deceased from **1-1-1939**, to **1-1-1939**.  
I last saw him alive on **1-1-1939**. Death is said to have occurred on the date stated above, at **11:45 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Acute Congestive Heart Failure**  
**Arteriosclerotic Heart Disease**  
**Chronic Myocarditis**  
**Cerebral hemorrhage**  
**Rt hemiplegia**  
Other contributory causes of importance: **Bronchial asthma**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: -  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify **No**  
(Signed) **Charles E. Basham**, M. D.  
(Address) **Mo. Pac Hosp (Resident)**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Alfred J. Boedeker  
Licensed Embalmer No. 2663

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**